

# ENVIRONMENTAL, SAFETY AND HEALTH EVALUATION WORKSHEET

OFFEROR/BIDDER: \_\_\_\_\_

SOLICITATION NUMBER: \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_

1. List your firm's Worker's Compensation Insurance interstate Experience Modification Rate (EMR) for the immediate past three years. (Use intrastate rating if interstate rating is not available).

year	_____	rate	_____		
year	_____	rate	_____	3-year average	_____
year	_____	rate	_____		

The offeror/bidder must submit a letter from its Workman's Compensation Insurance Carrier to certify the EMR data provided above.

2. List your firm's cumulative injury statistics rates for the past three (3) full calendar years using the BLS formula to determine recordability. NOTE: TRC Rate is derived from the number of injuries, illnesses, or lost workdays related to a common exposure base of 100 full time workers. The common exposure base enables one to make accurate inter-industry comparisons, trend analysis over time, or comparisons among firms regardless of size. The rate is calculated as:  $N * 200,000 / EH$  (where N = number of injuries and/or illnesses or lost workdays; 200,000=base for 100 full time equivalent workers (working 40 hours per week, 50 weeks per year); and EH = total hours worked by all employees during the calendar year).

### OSHA TOTAL RECORDABLE CASE RATE

year \_\_\_\_\_ # recordable injuries \_\_\_\_\_ Man-hours \_\_\_\_\_ Recordable rate \_\_\_\_\_

year \_\_\_\_\_ # recordable injuries \_\_\_\_\_ Man-hours \_\_\_\_\_ Recordable rate \_\_\_\_\_

year \_\_\_\_\_ # recordable injuries \_\_\_\_\_ Man-hours \_\_\_\_\_ Recordable rate \_\_\_\_\_

3-year average \_\_\_\_\_

The Offeror/bidder must attach copies of the OSHA 200-S Annual Summary for the previous 3 years and a current year OSHA 200 Log for the months during the period since the last annual report.